

FILED  
Jun 09, 2003 8:00 am  
Secretary of State

05-02-2003 90708 011 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029250

1. Entity Name  
PHOTOGRAPHY BY HOWARD, INC.



Principal Place of Business  
11620 SW 9 CT  
PEMBROKE PINES, FL 33025

Mailing Address  
11620 SW 9 CT  
PEMBROKE PINES, FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
03-0441253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS SIMMONDS, P.A.  
4801 S UNIVERSITY DR STE 3010  
FT LAUDERDALE, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's name required when resigning)

DATE

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE     | NAME        | STREET ADDRESS  | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-----------|-------------|-----------------|----------------|---------------------------------|
| President | HOWARD NEVY | 11620 SW 9th Ct | Pembroke Pines |                                 |
|           |             | FL 33025        |                |                                 |
|           |             |                 |                |                                 |
|           |             |                 |                |                                 |
|           |             |                 |                |                                 |
|           |             |                 |                |                                 |
|           |             |                 |                |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|----------------|---------------------------------|-----------------------------------|
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |
|       |      |                |                |                                 |                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND FULL OR PARTIAL NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 954-430-3228

Date

Daytime Phone #

CP2E034 (10/02)